CHECK Refund Total:

\$2755.00

August 20, 2011

Shirene Willis Brantley Senior Petition Attorney U.S. Patent and Trademark Office Office of Petitions Fax (571) 273-8300 Alexandria, VA 22314 SEP 06 2011
OFFICE OF PETITIONS

Dear Ms. Willis Brantley,

First allow me to sincerely thank you for your efforts in trying to resolve our case. It has been a pleasure interacting with you.

After some reflection that took into consideration all aspects associated with this patent, I have decided to drop the effort to re-instate the patent. Consequently, I respectfully ask you and the United States Patent and Trademark Office to refund our previous payment of \$2,755.

Again, thank you for all your efforts. The letter that I received from you, together with our phone conversations, convey to me the passion, dedication and professionalism that you direct toward your profession.

Sincerely yours,

PATENT # 5,490,924

APP # 08/277,619

Narciso F. Macia, President Control Systems Innovation, Inc.

Agjustment date: 10/18/2011 CKHLOK #57#4/2010 KIRANS 00000016 5490924 61 FC:1559 -2755.00 OP

**Control Systems Innovation, Inc.** 

...implementing innovative solutions since 1983 P.O. Box 1908, 19225 S. Sossaman Rd., Queen Creek, AZ 85142 (480) 888-8688 UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

5 4010

0,710,724							
REQUEST FOR PATENT FEE REFUND							
Date of Request: 10-14-11 2 Serial/Patent # 08/2							77619
3 Please refund the following fee(s):				4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
	Filing						\$
	Amendment						\$
	Extension of Time						\$
	Notice of Appeal/Appeal				· · · · · · · · · · · · · · · · · · ·		\$
	Petition					7-30-10	\$ 2755.00
	Issue						\$
	Cert of Correction/Terminal Disc.						\$
	Maintenance						\$
,	Assignment						\$
	Other						\$
				7 TOTAL AMOUNT \$2,755,8		\$2,755,80	
			8 TO BE REFUNDED BY:				
10 REASON:				Treasury Check			
	Overpayment			Credit Deposit A/C #:			
	Duplicate Payment			9			
	No Fee Due (Exp	lanation):		<u></u>			
Patent Not reinstated.							
11 REFUND REQUESTED BY:							
TYPI	TYPED/PRINTED NAME: Karen Creasy		en Creasy		т	ITLE: F	Petitions Examiner
SIGNATURE: /Karen Creasy/		asy/		P	HONE:	2-3208	
OFFICE: Petitions			4 4 4 4 4 4				
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: (18/1/8/1/8/1/8/1/8/1/8/1/8/1/8/1/8/1/8/							///

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

PORM PTO 1577 (01/90)